



**GEORGIA DEPARTMENT OF AGRICULTURE**

Plant Industry Division  
Capitol Square, Room 610  
Atlanta, Georgia 30334

**THOMAS T. IRVIN**  
COMMISSIONER

**Georgia Department of Agriculture  
Organic Grower/ Producer Registration Application**

New

Renewal

Name of Producer: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: (if different) (P.O. Box number) \_\_\_\_\_

Physical Address of Farm (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

**NOTE: YOU MUST NOTIFY THE GEORGIA DEPARTMENT OF AGRICULTURE IMMEDIATELY OF ANY CHANGES CONCERNING THE REQUIRED INFORMATION.**

Mail Application To:  
Ga. Dept. of Agriculture  
19 M.L.K. Jr. Dr., Room 610  
Atlanta, Georgia 30334

\_\_\_\_\_  
Owner/ Grower/ Producer (PRINT)

\_\_\_\_\_  
Owner / Grower/ Producer Signature only

\_\_\_\_\_  
Title

---

For Office Use Only

Date Application received: \_\_\_/\_\_\_/\_\_\_

Registration No.: \_\_\_\_\_

Application Approved By: \_\_\_\_\_  
Organic Program Manager

Date: \_\_\_/\_\_\_/\_\_\_

